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**To:** Commissioner for Patents **From:** Clifton T. Hunt, Jr.  
**Fax:** 703 872-9306 **Date:** January 17, 2005  
**Phone:** **Pages:** Three (3)  
**Re:** Power of Attorney **CC:** [Click here and type name]  
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Attached hereto is Form SB/81 (Power of Attorney and Correspondence Address Indication Form) and Form SB/82 (Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address).

Both forms are signed and dated by Grady F. Lawrence, the named Inventor in pending patent Application No. 10/723,704, filed November 26, 2003 for ORAL HYGIENE.

Respectfully submitted,

*Clifton T. Hunt, Jr.*  
Clifton T. Hunt, Jr.

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	107723,764
Filing Date	11/26/03
First Named Inventor	Grady F. Lawrence
Title	ORAL HYGIENE
Art Unit	1614
Examiner Name	Frederick F. Krass
Attorney Docket Number	1616-6

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Clifton T. Hunt, Jr.	17,884

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Firm or  
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Address

City

State

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Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Grady F. Lawrence</i>	Date	1-15-05
Name	Grady F. Lawrence	Telephone	704 798-0362
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (09-04)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/723,784 64
	Filing Date	11/26/03
	First Named Inventor	Grady F. Lawrence
	Art Unit	1614
	Examiner Name	Frederick F. Krass
	Attorney Docket Number	1616-6

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Clifton T. Hunt, Jr.				
Address	4812 Six Forks Road, #705				
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Country	USA				
Telephone	919 783-8945	Fax			

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature	<i>Grady F. Lawrence</i>				
Name	Grady F. Lawrence				
Date	1-15-05	Telephone	704 798-0362		

NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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